



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF FIRE STANDARDS & TRAINING  
BUREAU OF EMERGENCY MEDICAL SERVICES**

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**TRAUMA MEDICAL REVIEW COMMITTEE  
COMMITTEE MEETING**

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**October 22, 2003  
Richard M. Flynn Fire Academy  
Concord, New Hampshire**

**\*\*\* DRAFT DOCUMENT ONLY\*\*\***

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**Members Present:** John Sutton, MD, Richard Johnson, MD, Elisabeth Burns (representing Jesse Greenblatt, MD, Estelle MacPhail, RN, Eileen Corcoran, RN, Joseph Mastromarino, MD, Heather Page, Michael Pepin, EMTP

**Guests:** Donna York Clark, RN, Janet Houston, Sharon Phillips, RN, Bill Brown, Sharon Phillips, RN, Vanessa Barrett, RN, Melissa Twomey, RN

**Bureau Staff:** Clay Odell, EMTP, RN, Fred von Recklinghausen, EMTP

**I. Call to Order**

**Item 1.** The October meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:30 am on Wednesday October 22, 2003 at the Richard M. Flynn Fire Academy in Concord, NH.

**II. Acceptance of Minutes**

**Item 1. August 13, 2003 Minutes.** The minutes of the August meeting were approved by email by all who attended that meeting, and were distributed by e-mail prior to this meeting. There was no discussion regarding the minutes.

**II. Committee Discussion Items**

**Item 1. NH Bureau of EMS Update:** Clay Odell gave the NH Bureau of EMS report on behalf of Chief Sue Prentiss who was unable to be at today's meeting. For a review of that report please refer to the attached October 2003 NH Bureau of EMS Report.

**Item 2. Trauma Coordinator's report:** Clay Odell reported that he has been working with Janet Houston and Sue Prentiss on the Trauma Conference. He has also been involved with a number of injury prevention efforts. Injury prevention is a significant component of the Trauma System Agenda for the Future, The NH Trauma Plan and the Trauma Coordinator job description.

Clay briefly discussed the Emergency Public Health Program that will be conducted under Joseph Sabato, MD's leadership. This program is designed to teach injury prevention techniques to EMS providers with the intent of having participants identify needs and conduct injury prevention programs in their own communities. A one-day workshop is planned for December 3, 2003 which is the kick-off event for a more extensive nine-month program supported by NHTSA.

Other programs in which Clay participates are NH SafeKids, Buckle-Up NH, ENCARE, NH Falls Risk Reduction Task Force and the NFPA Risk Watch program in NH. Clay reports he is in the learning mode in injury prevention with the intent to support the integration of injury prevention efforts into more EMS agencies.

John Sutton asked if there was any licensure requirements for EMS providers regarding injury prevention and affirmed that injury prevention and EMS was an important component identified by the Trauma System Agenda for the Future. There is not currently any requirement.

John also inquired about an annual report from the state epidemiology office on injuries, mechanism, etc. The Trauma System Agenda for the Future noted the need to identify the nature of injuries in a state and tie injury prevention efforts in with the actual needs. Elisabeth Burns discussed a newly published NH injury report that examines injury-related deaths, hospital admissions and ED visits for the years 1999 through 2001. The report is broken down between unintentional injuries, suicide and homicide. Elisabeth will get copies of the report to interested parties.

The Trauma Section of the NH BEMS has been working with representatives of the NH DHHS on developing the EMS role in the HRSA Bioterrorism grant received by the State of New Hampshire.

Clay reported that the National Trauma Leadership Conference that was announced at the August TMRC meeting was rescheduled due to Hurricane Isabel's effects on Washington DC. The conference will be held in January and Clay will be attending.

Clay's office has moved from the Bureau of EMS office at the NH Fire Academy in Concord to the new field office in Lebanon, NH.

Clay briefly discussed an effort that the NH BEMS has been working on to help enhance NH EMS providers' understanding of communicable diseases that are transmitted via the respiratory route. A multidisciplinary group researched and discussed personal protective equipment usage by EMS providers for airborne pathogens. An educational curriculum is being developed by this group that will be available to EMS providers by the first of November. Clay has been chairing this effort.

**Item 3. Fall Trauma Conference Update:** The brochures have gone out and registrations are coming in. TMRC members and guests are encouraged to submit their

registrations. An Adobe PDF file of the brochure was distributed through a variety of means.

Janet Houston introduced an item of concern for future conferences. Dartmouth Medical School Department of Continuing Medical Education has indicated that they intend to charge a fee for coordinating physician CME hours in future conferences. Janet reports they anticipate a fee of \$1500.00 for approving credit. This fee will be imposed despite the fact that the Trauma Conference Subcommittee does all the administrative tasks. The TMRC discussed this information and decided to pursue other avenues for CME credit in the future. Individual members agreed to go back to their facilities to ask about CME credit at future conferences. Clay will investigate the NH Medical Society and their process for granting CME credit.

### **III. Old Business**

**Item 1. Committee Appointments** Mike Pepin, a firefighter paramedic from Concord Fire Department was nominated by the Professional Firefighters of NH and we are waiting to receive confirmation from Commissioner Flynn's office of Mike's appointment. The NH Paramedic Association submitted a letter of nomination for Tony Corum, a flight paramedic from DHART. The NH Association of EMT's have indicated that they have chosen a nominee, Nick Mercuri who is a RN/Paramedic/Firefighter from Gilford FD and is the part-time EMS Coordinator of LRGH Healthcare.

By statute a representative of the State Medical Examiner's office should be on the TMRC, but Clay has had no success recruiting anyone from that office. Anyone with any connections with that office is encouraged to make contacts and try to solicit a representative. John Sutton suggested getting someone from a local medical examiner if the state office cannot supply a representative.

**Item 2. System Performance Improvement Projects** The next step of the NH Head Injury study, previously reported at the June and August TMRC, will be to try to compare the numbers obtained by the hospital discharge data with trauma registry numbers at a couple of hospitals that keep a registry. The question is whether information from the hospital discharge data is accurate enough to assist in decision making in the NH Trauma System.

Fred von Recklinghausen reported that he and Heather Page did a comparison of data from Concord Hospital's trauma registry. Fred said this sample indicated the numbers weren't way off. Some members of the TMRC feel intuitively that the numbers are not accurate. More research will be conducted.

There was also a brief discussion about HIPAA and privacy issues and the impact on conducting trauma research in NH.

Fred and Elisabeth Burns reported preliminary efforts to obtain data from Massachusetts and Maine.

Clay also reported that the NH BEMS sent out a questionnaire to all four air medical programs that routinely transport patients in NH. This information will be passed along to Dr. Kenneth Robinson who will be speaking about air medical utilization at the NH Trauma Conference, and the data will be shared with the TMRC at a later date.

Dr. Richard Johnson inquired if the TMRC should consider the competency and/or legal risk of having emergency physicians or general surgeons treating neurologically injured patients in the emergency setting under circumstances of inadequate neurosurgical coverage. Dr. Sutton suggested part of the problem was an educational void as to what was evidence-based best practice in certain types of injuries. Dr. Johnson felt what was needed was a set of protocols, which might hold up to legal scrutiny in the case of an adverse outcome. Dr. Sutton inquired as to legal resources within the Bureau. Further discussion was deferred to future meetings.

<b>Item 3.</b>	<b>Brain Trauma Foundation curriculum review</b>	<b>No report</b>
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**Item 4. Air medical notification project** Clay presented Will Owen's notes on this effort. Approval in the Monadnock region is proceeding slowly. There has been no progress in the Berlin area. Chris Fore, MD is investigating whether the Capital Area dispatch would be interested in participating. Littleton Regional Hospital has reportedly expressed hesitation about participating.

**Item 5. Trauma Hospital Renewal of Assignment Project** Clay presented the work of the Re-Assignment Subcommittee (see attached PowerPoint handout). The TMRC suggested some modifications of the plan, to include:

- Reduce the emphasis on the on-site visit and essentially making the process a part of the Trauma Coordinator's role. The process would require the hospital to fill out a pre-review questionnaire and work with the State Trauma Coordinator on the questionnaire
- Require participation and signatures of facility's Trauma Manager/Coordinator, physician trauma representative, and administration
- Consideration for providing data from the NH Bureau of EMS to show the facility what their trauma volume is.
- Description of the facility's on-call process and discussion about alternative procedures if on-call list doesn't work
- Omit requirement for listing of required equipment
- Solicit number of beds and other resources for the TMRC's understanding of what resources are out there

Ideally, a sample of the packet that would go to the hospital will be available for review at the next TMRC meeting.

#### **IV. New Business**

None

#### **V. Public Comment**

In response to a question from Janet Houston, Bill Brown discussed the initiatives that a committee lead by the NH Hospital Association has taken regarding hospital emergency management and decontamination. All 26 acute care hospitals in NH have signed a memorandum of understanding that the hospitals will cooperate with each other to the best of their ability in the event of a disaster or other situations. After considerable study the NHHA has endorsed the Hospital Emergency Incident Command System and will be hosting a train-the-trainer program in December 2003. A decontamination education program has been created and is expected to roll out in January 2004. Bill also advised that the September issue of the Annals of Emergency Medicine has a very good article on hospital decontamination. The NHHA has been coordinating the disbursement of HRSA bioterrorism grant funds to hospitals and will be doing a bulk purchase of equipment to facilitate temporary negative pressure rooms in hospitals. Other ideas being considered include improving hospital emergency communications.

#### **VI. Adjournment**

Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next meeting of the Trauma Medical Review Committee will be held at the Richard M. Flynn Fire Academy on Wednesday December 17, 2003.